

TAMALA HOLLAND
PARALEGAL SPECIMEN
DESIGNATED OFFICE
(20) 502-4-33

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		1				
8		1				
9		1				
10		2				
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TOTAL IND.		3				
TOTAL DEP.		16				
TOTAL CLAIMS		19				

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